



Province I of the Episcopal Church

THE EPISCOPAL DIOCESE OF WESTERN MASSACHUSETTS

2012 Insurance Program Handbook

This handbook explains who to contact for answers to your questions, how to stay on top of your coverage, how to file a claim and request a Certificate of Insurance.

Below is your church identification number that you will need to refer to when calling for services and/or reporting a claim.

Managed by:

Willis

Willis

3 Copley Place/Suite 300

Boston, MA 02116

Phone 617.437.6900

Toll Free: 800.343.2896

Fax 617.351.7430

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USING THIS HANDBOOK

We are committed to making your insurance program easy to understand and access. This handbook is intended to orient you to the Program. It explains who does what, where to turn for answers to your questions, how to stay on top of your coverage, and how to file a claim.

The Service Team at Willis is always happy to talk to you personally about the program and your insurance coverage. Our dedicated staff and your representatives are insurance professionals available to answer your questions and help solve problems.

The purpose of this handbook is to orient you to the Program; however, *it is not intended to offer legal or financial advice.*

Your insurance program includes:

- Property & Liability Insurance
- Boiler & Machinery Coverage
- General Liability
- Sexual Abuse, Molestation and Harassment Coverage
- Pastoral Counseling Coverage
- Cemetery Liability
- Umbrella (Excess) Liability Coverage
- Crime Coverage – Employee Dishonesty, Theft of Money and Securities
- Directors & Officers Insurance
- Employment Practices Liability
- Workers' Compensation Insurance
- Automobile Insurance Including Non-Owned Automobile Liability

This handbook does not replace or supersede the insurance policy nor does it include all of the benefits or limitations found in the policy. Consult your summary of coverage for particulars of your coverage. If further questions arise, contact the Diocesan Office or Willis.

CONTACT INFORMATION

Province I/Diocese of Western Massachusetts Representative:

Name & Address:	Toll Free 1.800.332.8513
Steven Abdow or Susan Olbon	Phone No. 1.413.737.4786
37 Chestnut Street	FAX No. 1.413.746.9873
Springfield, MA 01103	

Willis Client Advocate

Lorrie DeWerd
Direct Line: 617.351.7485 Fax: 617.351.7430 Email: lorrie.dewerd@willis.com

Willis Service Team

Sr. Client Manager – Suzanne Stanley
Direct Line: 617.351.7488
Email: suzanne.stanley@willis.com
Client Manager – Deirdre Maloney
Direct Line: 617.351.7433
Email: deirdre.maloney@willis.com
Client Manager – Heather LeBlanc
Direct Line: 617.351.7540
Email: heather.leblanc@willis.com
Assistant Client Manager – William Jiang
Direct Line: 617.351.7451
Email: william.jiang@willis.com
Claims Manager – Michael DiModica
Direct Line: 617.351.7458
Email: michael.dimodica@willis.com
Claims Representative – Linda Wilson
Direct Line: 617.351.7583
Email: wilson_lj@willis.com

Willis
Three Copley Place, Suite 300
Boston, MA 02116
Toll Free: 1.800.343.2896
Main No. 617.437.6900
Fax: 617.351.7430

Claims(Property) Cunningham Lindsey/GAB Robins North America

Toll Free Number	1-800-540-1164
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Claims(Automobile & General Liability) Philadelphia Insurance Company

24 hour Toll Free Number	1-800-765-9749
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Claims (Worker's Compensation): The Hartford

Toll Free Number	1-800-327-3636
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Claims (Employment Practices Liability) Willis

Phone Number – Kenneth Ross, Esq.	212-915-8083
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CHANGES AND SPECIAL EVENTS

YOU NEED TO NOTIFY WILLIS WHEN:

- Property is under construction and/or renovation.
 - Policy has a \$5,000,000 limit of liability for this.
 - Higher limits can be made available when needed.
- There is a change in your property value; new addition, sold building, new building, appraised value.
- you want to add or delete what is being insured (i.e. premises or automobiles),
- Property valued over \$500,000 in transit, such as organs undergoing repairs/renovation.
- If you are having a special event unusual to normal church operations.
- You are opening a day care center.
- Something unusual comes up and you have a question about coverage.
- Anytime you have a question or problem.

If you have any questions, please call your Willis Service Team at **1- 800- 343- 2896** and ask for Heather LeBlanc (heather.leblanc@willis.com), or Deirdre Maloney (deirdre.maloney@willis.com).

NOTES:

1. Tenants, if applicable, of your facilities must provide their own liability and property insurance (refer to the requirements under section “Certificate of Insurance” that follow).

HOW TO REPORT A CLAIM

FILING A CLAIM

To facilitate your claim reporting process, use the checklist and incident report that follows to gather the specific information you need to provide when submitting a claim.

The secret to filing and closing a claim quickly and satisfactorily is to follow these simple steps (in this order):

1. It is important that all claims are reported IMMEDIATELY to the appropriate company in Step 5 below.
2. Have your **client identification number** available.
3. Have the policy that applies to the type of claim you are reporting.

<i>Coverage</i>	<i>Carrier</i>	<i>Policy Number</i>	<i>Eff. Dates</i>
Property	Lexington Insurance Co.	19946410	12/31/11-12/31/12
Boiler & Machinery	Lexington Insurance Co.	19946410	12/31/11-12/31/12
Automobile	Philadelphia Insurance Co.	PHPK794935	12/31/11-12/31/12
Workers Comp	The Hartford	08WELI3566-WM	12/31/11-12/31/12
General Liability	Philadelphia Insurance Co.	PHPK794935	12/31/11-12/31/12
Crime	Great American Ins. Co.	SAA 375-67-09-11	12/31/11-12/31/12
Foreign Liability	AIU North America	WR10002017	12/31/11-12/31/12
D&O	National Union	01-420-56-97	12/31/11-12/31/12

4. Complete the checklist and have it on hand when you call in the claim. You are encouraged to not call your Province I representative unless there is a large claim as they generally do not become involved in claims.
5. The next step is critical: send the claims adjuster ***all supporting documentation*** for the claim as soon as possible. Your claims adjuster will specify exactly what needs to be mailed. For instance, there may be a police report, copies of invoices for repairs, insurance information from other involved parties, and whatever else the claims adjuster requests. Send documentation to:

Property Claims
Policy # 19946410

Cunningham Lindsey/GAB Robins North America
Ten New England Business Center
Suite 105
Andover, MA 01810
Toll Free Number- **1-800-540-1164**
Fax# (978) 747-0006

**All Worker's Compensation Claims
Policy # 08WELI3566-WM**

The Hartford
Northeast WC Claims Center
One Park Place
300 South State Street 7th Floor
Syracuse, NY 13201
Toll Free Number – **1-800-327-3636**
Fax: 877-536-3201

**General Liability & Automobile Claims
Policy # PHPK794935**

Philadelphia Insurance Companies
Attention: Claims Department
PO Box # 950
Bala Cynwyd, PA 19004-0950
Toll Free Number- **1-800-765-9749**

**Employment Practices Liability
Policy # 01-420-56-97**

Executive Risks:
Attn: Kenneth Ross, Esq.
One World Financial Center
200 Liberty St., 7th Floor
New York, NY 10281
Phone Number- **212-915-8083**

6. When your claim file is complete, a claims adjuster will be assigned to investigate and handle the claim. If you experience unnecessary delays or problems, please contact Linda Wilson at Willis 617.351.7583.

Note: If you have obtained the names of others who may be responsible for the loss and their insurance information, please offer it to the adjuster to use for investigation.

CLAIMS CHECKLIST

Before you call the insurance company to report a claim, there are several questions you need to be prepared to answer. The name of the account “Province I of the Episcopal Church”, the **name** of your church and its **Client Identification number**.

The old **who-what-where-when-how** formula sums up what claims adjusters need when processing a claim. Specifically:

1. Who did it or had something done to them? Names, addresses and telephone numbers should be included.
2. What happened? A detailed description is necessary. Draw a diagram, if this will help the adjuster understand the description better. In the case of a theft or automobile accident, call the police. You will be asked to provide a copy of the police report.
3. Where exactly did it happen?
4. When did it happen? Again, details are important.
5. Why did it happen - what was the cause?
6. Were there any witnesses – provide names and contact information.

Names are particularly important in automobile related claims. After car accidents, getting the names of other involved parties who may be responsible, and the names of their insurance companies, and the names, addresses and phone numbers of any witnesses, may save you the cost of the deductible.

For other support documentation, talk to your claims representative.

INSURANCE CLAIM INCIDENT REPORT

If additional space is needed, please attach a separate sheet.

Name: _____

Address: _____

Phone: _____ Contact Person: _____

Date of Incident: _____ Time: _____ Type: _____

Loss Location: _____

Claimant: _____ Phone: _____

Address: _____

Description of Incident: _____

Describe Injury: _____

Witness: _____

Name

Address

Phone

Comments: _____

Report Date: _____ Prepared By: _____



PROPERTY LOSS

The coverages provided in your Property policy are designed to protect your company from the financial impact associated with various types of direct physical loss or damage to your property, including damage to the building contents, structures and personal property.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Do not discard any damaged property. The insurance carrier may need to inspect the scene and any damaged property.
- Take pictures of the loss site if possible.
- Take all reasonable steps to protect the property from further damage.
- Preserve any evidence relating to the cause of the loss.
- Notify the police if a “law” has been broken.

REPORTING A LOSS

Call the Cunningham Lindsey/GAB Robins North America

Toll Free Number	1-800-540-1164
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The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION

- Company name, address and phone number
- Contact person for insurance investigation purposes

CLAIM INFORMATION

- Location of incident (street address and building name)
- Date and time of loss
- Estimated amount of loss
- Cause of loss (fire, water, theft, vandalism, etc.)

LOSS INFORMATION

- Describe the loss to the building and/or contents
- Describe the extent of the damage

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

GENERAL LIABILITY LOSS



SLIP & FALL

The coverages provided in your General Liability policy are designed to cover claims that may be the result of your company's services, operations, premises and products you sell or manufacture, just to name a few. Claims may involve activities that could result in injury (slip and fall on your premises) or property damage (a fire caused by a faulty valve you manufacture) to others.

Exceptions: This will not cover property damage due to an auto accident nor will it cover injuries to employees.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Secure medical assistance for any injured persons, if necessary.
- Report the loss to your carrier AS SOON AS POSSIBLE
- DO NOT ADMIT FAULT or offer any payment.
- DO NOT DISCUSS the occurrence with anyone except the police or your insurance representative.
- Never discuss your insurance policy with another party. Refer all questions to your insurance carrier.
- Preserve any evidence related to the occurrence, such as a damaged product.
- If possible, take photos of the scene immediately after the occurrence to show the conditions at the time of the accident.
- Obtain witness names, addresses and phone numbers.
- Should anyone receive a lawsuit relating to a General Liability claim or loss involving substantial property damage and/or severe bodily injury or death, contact the insurance company and Willis immediately. Otherwise report the claim directly to the insurance company.

REPORTING A LOSS

Report this incident directly to your insurance carrier.

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION

- Company name, address and phone number
- Contact person for insurance investigation purposes

DAMAGE TO OTHER PERSONS/ PROPERTY

- Name, address and phone # of other party(s)
- Describe the damage and/or any injury
- Estimate of damages?

CLAIM INFORMATION

- Location of incident (street address and building name)
- Description, date and time of the loss
- Did the incident result in bodily injury, property damage?
- Were the police called to the scene?
- Witnesses? If yes, name(s), addresses, phone #

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

AUTOMOBILE LOSS



The coverages provided in your Automobile policy are designed to cover claims that arise out of injury or damage to property *of others* resulting from the maintenance, operation or use of an insured vehicle. You may also have selected coverage for damage to your automobiles. Your particular state law may dictate other types of coverage that are provided (no fault or uninsured/underinsured coverages).

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Secure medical assistance for any injured persons, if necessary.
- Report the claim to your carrier AS SOON AS POSSIBLE
- DO NOT ADMIT FAULT or offer any payment.
- DO NOT DISCUSS the occurrence with anyone except the police or your insurance representative.
- Never discuss your insurance policy with another party. Refer all questions to your insurance carrier.
- Preserve any evidence related to the occurrence. If possible, take photos of the accident scene immediately after the occurrence to show the conditions at the time of the accident.
- Obtain witness names, addresses and phone numbers.
- Should anyone receive a lawsuit relating to an Auto claim or a loss involving substantial property damage and/or severe bodily injury or death, contact your adjuster and Willis immediately.

REPORTING A LOSS

Report this incident directly to your insurance carrier.

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION

- Company name, address and phone number
- Drivers name, telephone #, driver's license #
- Is the vehicle drivable?
- Where can the vehicle be viewed?
- Extent of vehicle damage
- Contact person for insurance investigation purposes

DAMAGE TO OTHER PERSONS/ PROPERTY

- Name, address and phone # of other driver(s)
- Vehicle; make, model, year, VIN and license plate number
- Describe the damage and any injury
- Is the other vehicle drivable?
- Extent of vehicle damage

ACCIDENT INFORMATION

- Location, date and time of accident
- Did the accident result in bodily injury? Property damage?
- Were the police called to the scene? Was anyone cited?
- Describe in detail how the accident occurred
- Witnesses? If yes, name(s), addresses, phone #

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.



WORKERS' COMPENSATION LOSS

FIRST AID

The coverage provided in your Workers' Compensation policy is designed to cover employees who are injured or contract an occupational disease as a direct result of his/her employment. Providing Workers' Compensation Insurance is a statutory obligation and will be guided by your States specific laws. There are penalties that can be imposed upon an employer for late reporting of an occurrence, so make prompt reporting a high priority.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Secure medical assistance for the injured person, if necessary.
- Report the claim to your carrier AS SOON AS POSSIBLE
- Preserve any evidence that may be applicable to the occurrence. If possible, photos should be taken at the scene immediately after the occurrence, to help show the conditions at the site of the occurrence.
- Obtain witness names, addresses and phone numbers.

In the event of a severe injury or death, also contact Willis.

REPORTING A LOSS

Report this incident directly to your insurance carrier.

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION

- Company name, address and phone number
- Contact person for insurance investigation purposes

EMPLOYEE INFORMATION

- Name, address, phone number, sex, marital status
- Social Security number, date of birth
- Total # dependents, total # dependent children
- Name and address of the treating doctor / hospital

LOSS INFORMATION

- Date, time, location and description of the incident/loss
- Type of injury (cut, scrape, burn, etc.) Portion of the body injured
- Job duties (bending, lifting, etc.)
- Date employer notified
- Last date employee worked
- Witnesses

WAGE INFORMATION

- Date of hire, full or part time, # of days worked in a week
- Salary or hourly wage, hours worked per week

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

**WORKERS' COMPENSATION
Notice of Occurrence**

Account Name: Province I – Diocese of Western Massachusetts

Employee's Name: _____

Employee's Address and Home Phone No.: _____

Employee's Social Security No: _____

Employee's Age and DOB: _____

Male: _____ **Female:** _____ **Marital Status:** _____

Number of Dependents: _____

Employment Status: Department: _____

Date of Hire: _____

Full Time: _____ or Part Time: _____

Hourly Wage or Salary: _____

Hours Worked Per Week: _____

Date of Injury/Illness: _____

Who was Notified of Incident?: _____

Date Employer Notified of Incident?: _____

Place of Occurrence: _____

Description of Incident (How, Where, Why): _____

Type of Injury (Cut, Scrape, Burn): _____

Exact Part of Body Injured: _____

Return to Work Date: _____

Witness (Name, Address & Phone): _____

Name and Address of Physician/Hospital: _____

Miscellaneous or Other Information: _____

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

CERTIFICATES OF INSURANCE

When your facility is used for an activity not sponsored by you, you must require the sponsoring group have its own insurance. The sponsoring group should provide you with a Certificate of Insurance and an Endorsement naming you as an “Additional Insured.” This will help protect you in the event an accident occurs for which the sponsoring group is responsible.

Failure to obtain a Certificate of Insurance and Additional Insured Endorsement does *not* mean a lapse in your coverage. However, it could result in you being held legally liable for injuries or damages over which you had no control. Similarly, tenants renting your property, contractors working on your property, and bus companies you use should each be required to provide you with a Certificate of Insurance and an Additional Insured Endorsement. Remember, the fewer claim dollars paid by the insuring companies, the stronger our position is with them when negotiating insurance coverage terms and pricing.

REQUESTING CERTIFICATES

In order to request a certificate you should have the following information:

- Certificate Holder’s complete address
- Description of activity or event (i.e. name, date and location of event)

All requests should reference “Province I” as the account name.

The quickest way to request a certificate is via our website. Just follow these simple steps:

1. Logon to www.intellicerts.com
2. Click “Request” and complete the screen
3. Click “Submit”

Or you can call, fax or email:

- Toll Free Phone: 877.945.7378
- Fax 888.467.2378
- Email address: certificates@willis.com

WAIVER OF INSURANCE

Below please find an example of a Waiver of Insurance that can be completed and signed by groups that meet on the premises but are unable to supply you with a Certificate of Insurance. This is one way of protecting you in the event an accident occurs for which the sponsoring group is responsible.

**_____ Name of Group _____ shall indemnify, defend and hold harmless
_____ Name of Church _____ and the Episcopal Diocese of Western MA and their
respective, officers, directors, employees, agents, and representatives harmless from and
against any and all claims, demands, causes of action, losses, liabilities, damages and expenses
(including reasonable attorney's fees and costs) arising out of or in connection with any
allegations brought against _____ Name of Church _____ and the Episcopal Diocese of
Western MA and their respective, officers, directors, employees, agents from and against any
cost and expense (including reasonable attorney's fees) arising out of the use of the premises
or property of _____ Name of Church _____ by the undersigned.**

Phone #: 1-877-945-7378
FAX #: 1-888-467-2378

E-Mail : Certificates@Willis.com
Web Site: www.intellicerts.com



Province I of the Episcopal Church
#123296

Today's Date: _____ Requested by Loc # _____ Phone No. _____

REQUEST FOR CERTIFICATE OF INSURANCE

Certificate Holder: _____
Address: _____
City, State, Zip: _____
ATTENTION: _____

Name and Address of location requiring Certificate**

Church Name: _____
Address: _____
City, State, Zip: _____
ATTENTION: _____

****Certificate Center - Please issue certificate with Church information as Description of Operations.**

- | | |
|----------------------------|---|
| Required Coverages: | <input type="checkbox"/> General Liability _____ |
| | <input type="checkbox"/> Workers Compensation _____ |
| | <input type="checkbox"/> Umbrella _____ |
| | <input type="checkbox"/> Automobile Liability (provide description below) _____ |
| | <input type="checkbox"/> Automobile Physical Damage (provide description below) _____ |
| | <input type="checkbox"/> Property/Contents (provide description below) _____ |
| | <input type="checkbox"/> Equipment (provide description below) _____ |
| | <input type="checkbox"/> Other: _____ |

Description: _____

- Additional Insured (GL/Auto)
 Loss Payee / Mortgagee

Handling Instructions

- E-mail to Certificate Holder @ _____
 E-mail to Certificate Requester @ _____
 FAX to Certificate Holder @ _____
 FAX to Certificate Requester @ _____



AUTOMOBILE CHANGE REPORTING FORM

Name of Church: _____ Date: _____

Address: _____
Number and Street

City, State and Zip Code

Contact Person: _____ Client ID#: _____

Telephone No.: _____ Fax No.: _____

Effective Date: _____ Liability ONLY: _____ Full Coverage: _____

Description of the Automobile (Year, Make, Model, Vehicle Identification Number):

Delete: _____

Add: _____

_____ miles	\$ _____	\$ _____	_____
Radius of Operation	Actual Cash Value	Cost New	Garaged at (City & Zip Code)

_____	_____	_____
Number of Passengers	Use of Vehicle	Average Annual Mileage

Driver Information:

Name: _____

Driver's License No.: _____

State of License: _____ Date of Birth: _____

Please attach copy of valid driver's license.

Lien Holder/Additional Insured Information:

Lien Holder: _____ Additional Insured: _____

Loan No: _____

Return Form To: Willis, 3 Copley Place

Suite 300, Boston, MA 02116. FAX 617-351-7430 heather.leblanc@willis.com

PROPERTY CHANGE REPORTING FORM

To be used to report only: (Check applicable box) Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Newly acquired locations | <input type="checkbox"/> New Construction/Renovation |
| <input type="checkbox"/> Locations that are sold or lease terminated | <input type="checkbox"/> Adding or Deleting Scheduled Articles |

Name of Church: _____ Client ID#: _____

Address: _____
Number and Street

City, State and Zip Code

Contact Person: _____ Email _____

Telephone No.: _____ Fax No.: _____

Add Delete Change Effective date of change: _____

Property:

Location address: _____
(If different from above)

Description if under construction/renovation

Use of Building: _____

Construction Type: _____ Number of Stories: _____

Sprinklered? If so, what parts? _____

Square Footage: _____ Year Built: _____

Building Replacement Cost: \$ _____

Contents Replacement Cost \$ _____

Scheduled Articles:

Value:	Description:
_____	_____
_____	_____

(Attach an appraisal, bill of sale or other proof of value for scheduled articles)

Lien Holder:	Additional Insured:
_____	_____
_____	_____

Loan No: _____

Return Form To: Willis, 3 Copley Place, Suite 300, Boston, MA 02116

FAX 617-351-7430
heather.leblanc@willis.com